

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 1 0

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 25,000
b. FFY 2002 \$ 100,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, #11.a.
Attachment 3.1-A, #11.b.
Attachment 3.1-A, #11.c., Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, #11.a.
Attachment 3.1-A, #11.b.
Attachment 3.1-A, #11.c., Page 1

10. SUBJECT OF AMENDMENT:

Covered Places of Service

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Janet Schalansky is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

07/12/01

16. RETURN TO:

Janet Schalansky, Secretary
Social & Rehabilitation Services
Docking State Office Building
915 SW Harrison, Room 651S
Topeka, KS 66612-2210**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

07/16/01

18. DATE APPROVED:

AUG 22 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

Schalansky

SPA CONTROL

Date Submitted: 07/12/01

Date Received: 07/16/01

•Substitute per letter dated 8/16/01 ■

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11.a.

3.1-A Limitation #11.a. Physical Therapy Services

Physical therapy services must be rehabilitative and restorative in nature and provided following physical debilitation due to acute physical trauma or illness and must be prescribed by the attending physician.

Physical therapy services are limited to services provided by inpatient hospital, rehabilitative hospital, Local Education Agencies (early childhood intervention providers, head start and school districts), outpatient, home health and free standing clinics.

Refer also to General Limitations page.

TN # 01-10 Approval Date AUG 22 2001 Effective Date 7/1/01 Supersedes #00-18

Substitute per letter dated 8/16/01

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11.b.

3.1-A Limitation

#11.b. Occupational Therapy Services

Occupational therapy services must be rehabilitation and restorative in nature and provided following physical debilitation due to acute physical trauma or illness and must be prescribed by the attending physician.

Occupational therapy services are limited to services provided by inpatient hospital, rehabilitative hospital, Local Education Agencies (early childhood intervention providers, head start and school districts), outpatient, home health and free standing clinics.

Occupational therapy must be provided by an occupational therapist registered with the American Occupational Therapy Association.

Refer also to General Limitations page.

TN # 01-10 Approval Date AUG 22 2001 Effective Date 7/1/01 Supersedes #00-18

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11.c., Page 1

Speech, Hearing and Language Services Limitations

Speech and Language Services

1. Speech and language therapy services must be rehabilitative and restorative in nature, and provided following physical debilitation due to acute physical trauma or illness. They must be prescribed by the attending physician.
2. Speech and language therapy services are limited to services provided by inpatient hospital, rehabilitative hospital, Local Education Agencies (early childhood intervention providers, head start and school districts), outpatient, home health and free standing clinics.
3. Speech therapy must be provided by a speech pathologist who has a certificate of clinical competence from the American Speech and Hearing Association.

Hearing Services

1. Services for the hard of hearing are limited to ear examinations by a physician, audiological testing and evaluation by an audiologist or certified hearing aid dealer, dispensing and fitting of hearing aids, hearing aid repair, trial rental of a hearing aid and hearing aid supplies provided by a certified hearing aid dealer.
2. Provision of a binaural hearing aid requires specific documentation of medical necessity supporting significant bilateral loss of hearing.
3. Hearing aid repairs costing less than \$15.00 are non-covered services. Repairs costing between \$15.00 and \$75.00 are covered. Repairs exceeding \$75.00 are covered only with prior authorization.
4. Trial rental of a hearing aid is limited to one month's duration.
5. Provision of hearing aid batteries is limited to six per month for monaural aids and twelve per month for binaural aids.
6. Hearing aids may be replaced every four years if a medical examination documents the necessity of replacement. Lost, broken or destroyed hearing aids will be replaced one time during a four year period provided the documentation of the circumstances adequately supports the need and prior authorization is obtained.

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